STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	29C0001032	A. BUILDING _____ B. WING _____	C 04/24/2008

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CARSON ENDOSCOPY CENTER	707 N MINNESOTA CARSON CITY, NV 89703

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
Q 000	INITIAL COMMENTS The following Statement of Deficiencies was generated as the result of a full Medicare survey conducted at your facility on 4/24/08. The full Medicare survey was directed by the Centers for Medicare and Medicaid Services as the result of Complaint # NV00017897. The findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil investigations, actions or other claims for relief that may be available to any party under applicable federal, state or local laws. The facility was not in compliance with the following Conditions for Coverage: CFR.416.42 Surgical Services The following deficiencies were identified.	Q 000		
Q 005	416.42 SURGICAL SERVICES Surgical procedures must be performed in a safe manner by qualified physicians who have been granted clinical privileges by the governing body of the ambulatory surgical center in accordance with approved policies and procedures of the center. This CONDITION is not met as evidenced by: Based on record review, observation and interviews from 4/24/08 to 4/25/08, the facility failed to perform surgical procedures in a safe manner regarding electrocautery, sterilization procedures, and storage of sterilized items. Findings include:	Q 005		

ABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE Denise Arnaut TITLE RN, BSN Clinical Director (X6) DATE 30May08

ny deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that ther safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days llowing the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 ays following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued rogram participation.

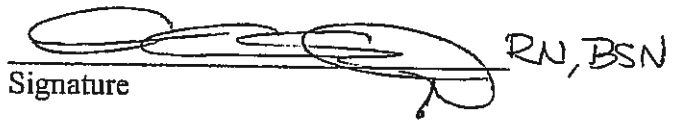
Carson Endoscopy Center LLP
707 North Minnesota Street
Carson City, NV 89703

Approved 7/11/08 Smethell, HFS III original with CMS-deemed facility

Plan of Correction

Statement of Deficiency CFR Number	Plan of Correction	Completion Date:
42 CFR 416.42 Surgical Services	Electrocautery: • Open return electrode grounding pads were removed from the procedure rooms by D. Angst, CD. • All staff members were provided in-service training on electrocautery safety and manufacturer's guidelines for storage and use of return electrode grounding pads. • Reference binder and competency test was developed and implemented. • Proper storage and use of grounding pads will be monitored on an ongoing basis by RN Supervisor L. Werner and D. Angst, CD. Sterilization procedures: • To ensure integrity of paper "peel packs" and the sterilization process, a stainless steel tray has been placed over the sink in the clean room to make certain that nothing is placed in the sink and that no water is contained in the sink. Storage of sterilized items: • Sterile packaged forceps in the decontamination room were reprocessed and have been relocated out of the reprocessing room. • Hemostats stored with esophageal dilators in storage bag were removed from storage bag, reprocessed and relocated. • All dry sterile packages are now stored in plastic bins in the clean area of procedure rooms. • Proper storage of sterile packages and	4/24/2008 4/25/2008 5/30/2008 4/24/2008 5/28/2008 4/24/2008 4/24/2008 4/24/2008

	clean items will be monitored on an ongoing basis by RN Supervisor L. Werner and D. Angst, CD.	
42 CFR 416.44 Emergency Equipment	Emergency Equipment • A Ciaglia Blue Rhino ® percutaneous tracheostomy introducer tray with a size 8 Shiley percutaneous tracheostomy tube was ordered from Cook Medical. • Tracheostomy introducer tray was placed on Carson Endoscopy Center crash cart.	5/19/2008 5/23/2008



Signature

Clinical Director

Title

30 May 2008

Date